



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

RICHARD SEXTON MD
5209 TORTUGA TRAIL
AUSTIN TX 78731

Respondent Name

NEW HAMPSHIRE INSURANCE CO

Carrier's Austin Representative Box

Box Number 19

MFDR Tracking Number

M4-11-1509-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I saw...on 1/7/10 in my capacity as a designated doctor. As the enclosed facsimile logs show, my report was submitted along with the bill on 1/15/10, and again on 6/7/10. Despite being twice submitted for payment, no payment or EOR explaining denial of payment was ever received. I have attempted to obtain an EOR, however, I have been told that no EOR has been generated, as the carrier does not have a record of the bill having been received. Again, the enclosed facsimile log proves that this is not the case. Although the EES-14 listed only the issue of extent of injury, the adjuster – Mae Robinson – posed several additional questions in a letter entitled 'ANALYSIS ATTACHEMENT FOR Designed Doctor Examination' forwarded with the claimant's medical records. Via this letter, Ms. Robinson posed the additional questions of whether...current disability was related to his current compensable injury billed as W7 RE, and whether I agreed with the findings of two separate peer reviewers (billed as W9 RE, other similar issues)."

Amount in Dispute: \$875.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "This case involves DOS 04/26/10 and has \$875.00 in dispute. DWC Rule 130.6(b) prohibits a designated doctor from responding to adjuster questions, as he must confine his report to the issue for what he was appointed, here extent of injury. Therefore, he cannot bill for services that he was not supposed to do in the first place. Otherwise, the carrier has paid per the Texas Labor Code and DWC Rules."

Response Submitted by: Flahive, Ogden & Latson, P. O. Drawer 13367, Austin, TX 78711

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 26, 2010	99456-W6-RE	\$500.00	\$0.00
Listed On	99456-W7-RE	\$250.00	\$0.00
Table of Disputed Services	99456-W8-RE	\$125.00	\$0.00
TOTAL		\$875.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §134.204 sets out the fee guidelines for the reimbursement of workers' compensation specific codes, services and programs provided on or after March 1, 2008.
3. 28 Texas Administrative Code §130.6 set out procedures for Designated Doctor Examinations for Maximum Medical Improvement and/or Impairment Ratings
4. Copies of explanation of benefits were not submitted by either party for review. The disputed services will therefore be review per the applicable rules and fee guidelines.

Issues

1. Did the requestor submit the request for medical dispute resolution in accordance with 28 Texas Administrative Code §133.307(c)(2)(C)?
2. Is the requestor entitled to reimbursement for the disputed services under 28 Texas Administrative Code §134.204?

Findings

1. The requestor billed the amount of \$500.00 for CPT code 99456-W6-RE with 1 (one) unit in Box 24G of the CMS-1500 for a Division ordered Extent of Injury Examination for date of service January 7, 2010. The Division order on the EES14 and DWC032 was to determine the extent of the employee's compensable injury only on January 7, 2010.

28 Texas Administrative Code §133.307(c)(2)(C) states,

(c) Requests for medical dispute resolution (MDR) shall be filed in the form and manner prescribed by the Division. Requestor s shall file two legible copies of the request with the Division

(2) The provider shall complete the required section of the request in the form and manner prescribed by the Division. The provider shall file the request with the MDR Section by any mail service or personal delivery.

(C) The form DWC-60 table listing the specific disputed health care and charges in the form and manner prescribed by the Division.

Review of the submitted CMS-1500 and all medical documentation shows the date of service is January 7, 2010. However, the requestors submitted *Table of Disputed Services* shows the disputed date of service is April 26, 2010.

2. The Division finds the requestor did not submit the request for medical dispute resolution in accordance with 28 Texas Administrative Code §133.307(c)(2)(C). Therefore, reimbursement can not be recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	_____
Signature	Medical Fee Dispute Resolution Officer	May 9, 2012 Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.